

1986 INSTITUTIONAL NOMINATION FORM

The Presidential Management Intern Program

Important Note: This form must be completed for each nominee and attached to the student's Application Form.

1. Name of Nominee

I certify that the above-named student, an applicant for the Presidential Management Intern Program, is a student in good standing of this university, that this person has shown a clear interest in and a commitment to a career in the public service and is expected to receive an advanced degree during the current academic year. Furthermore, I certify that this student has been selected using competitive nomination procedures that meet the criteria given in "Information for Graduate Schools," and has demonstrated academic excellence, sound judgment, capacity for leadership, and potential for future professional growth and development. Finally, I certify that this individual is one of the very best students in this university program and upon completion of this program will fully meet all the criteria to be a nominee for the Presidential Management Intern Program.

2. Full Name of Dean, Department Chairperson, or Program Director Making This Nomination	3. Name of Academic Institution	
4. Title	5. Name of Graduate School or Program	
6. Signature of Nominating Official	7. Date (month, day, year)	8. Office Phone Number (including area code)

9. Why was this individual selected as a PMIP nominee? What criteria were used for nominee selection and how does this candidate meet them?

10. What do you see as this student's greatest growth or improvement during the period of his or her graduate education? What, if any, are the student's weaknesses?

11. Please supply a brief narrative citing specific examples of the student's strengths in the areas of: intellectual ability; judgment; leadership and willingness to assume responsibility; ability to work effectively with others; commitment to public program analysis or management as a career; and personal initiative, such as that demonstrated in overcoming social/economic barriers in achieving education.

APPLICATION INSTRUCTIONS

Instructions for Completing Pages 1 and 2

Please use typewriter and make sure that entries are readable on the two copies you submit with the original. Use only capital letters on page one of the application and put a slash mark through any zeros [Ø]. If there is insufficient space to complete an item, enter only as many letters as boxes provided.

Read the instructions for each item before completing the data entry boxes for that particular item.

ITEM INSTRUCTIONS

1. Social Security Number: Self-explanatory.
2. Title: Enter either 01 (Mr., Br.) or 02 (Ms., Miss, Mrs., Sr.)
- 3-5. Name (Last, First, Middle Initial): Self-explanatory.
6. Legal Residence: Enter one of the following two-letter abbreviations.

AL Alabama	ID Idaho	MN Minnesota	ND North Dakota	VT Vermont
AK Alaska	IL Illinois	MS Mississippi	OH Ohio	VA Virginia
AZ Arizona	IN Indiana	MO Missouri	OK Oklahoma	WA Washington
AR Arkansas	IA Iowa	MT Montana	OR Oregon	WV West Virginia
CA California	KS Kansas	NE Nebraska	PA Pennsylvania	WI Wisconsin
CO Colorado	KY Kentucky	NV Nevada	RI Rhode Island	WY Wyoming
CT Connecticut	LA Louisiana	NH New Hampshire	SC South Carolina	CZ Canal Zone
DE Delaware	ME Maine	NJ New Jersey	SD South Dakota	DC District of Columbia
FL Florida	MD Maryland	NM New Mexico	TN Tennessee	GU Guam
GA Georgia	MA Massachusetts	NY New York	TX Texas	PR Puerto Rico
HI Hawaii	MI Michigan	NC North Carolina	UT Utah	VI Virgin Islands

7. State and Local Interest: Self-explanatory.
8. Geographic Availability: Enter the code which best identifies where you will accept a job.
If you will accept a job in only a specific location (e.g., one city or state), you may write the name of that location in the space following the code boxes. However, you must also enter the most appropriate code from the list below.

12—anywhere in the U.S.	05—only in Chicago Region (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)
11—only in the Washington, D.C., Metropolitan Area	04—only in Atlanta Region (Alabama, Florida, Georgia, Kentucky, Mississippi, Tennessee, North Carolina, South Carolina)
10—only in Seattle Region (Alaska, Idaho, Oregon, Washington)	03—only in Philadelphia Region (Delaware, Maryland, Pennsylvania, Virginia, West Virginia)
09—only in San Francisco Region (Arizona, California, Hawaii, Nevada)	02—only in New York Region (New Jersey, New York, Puerto Rico)
08—only in Denver Region (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)	01—only in Boston Region (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)
07—only in St. Louis Region (Iowa, Kansas, Missouri, Nebraska)	
06—only in Dallas Region (Arkansas, Louisiana, New Mexico, Oklahoma, Texas)	

9. **Veteran Preference:** Enter the number in the box which identifies your veteran's preference. If you are claiming veteran's preference, you must include with your application a copy of your Form DD 214. In addition, if you claim a 10-point preference, please complete and attach Standard Form 15, "Application for 10-Point Veteran's Preference," together with the proof called for in that form.

1 No veteran preference	4 10-point compensably disabled (30% or more).
2 5-point preference based on active duty in the Armed Forces (If marked, you will be required to support your claim at the time you apply)	5 10-point non-compensably disabled or Purple Heart recipient
3 10-point compensable disabled (less than 30%)	6 10-point spouse
	7 10-point widow(er) or mother

10. **Birthdate:** Enter month, day, year (For example March 3, 1954 would be entered 030354).

NOTE: YOU MUST ANSWER QUESTIONS 11 AND 12 FOR YOUR APPLICATION TO RECEIVE ANY CONSIDERATION.

11. **U.S. Citizenship:** Self-explanatory.

12. **Date of Degree:** Enter the month and year you completed or expect to complete your current graduate degree.

13-14. **Home and Other Phones:** Enter the area code and number of your current home phone and of a second phone (e.g., at work, relative's) where you can be contacted or a message can be left.

15-18. **Current Address:** Use standard abbreviations.

19. **Until:** If you anticipate leaving the current address you entered under items 15-18 before next June, enter the approximate month/day/year after which that address will not be valid.

IF YOU DO NOT ANTICIPATE MOVING FROM YOUR CURRENT ADDRESS, LEAVE ITEM 19 BLANK.

20-23. If you entered a moving date in item 19, please provide an alternative address where mail will reach you or will be forwarded to you. IF YOU LEFT ITEM 19 BLANK, DO NOT MAKE ENTRIES IN ITEMS 20-23.

24. **University:** Enter the full name of the university or college, and of the school or department, from which you are receiving your graduate degree.
DO NOT MARK IN SHADED BOXES.

25. **Graduate Degree:** Enter the code below which most appropriately identifies the graduate degree you are receiving this academic year. If you are receiving a dual degree, enter the code for the one degree you feel is most relevant to this Program; you will have the opportunity to record the second degree under item 26.

NOTE: THIS LISTING OF GRADUATE DEGREES DOES NOT INDICATE ELIGIBILITY OF A LISTED DEGREE NOR DOES IT IMPLY INELIGIBILITY FOR A DEGREE NOT LISTED.

MASTER'S DEGREE IN:

01 Public or government administration/management	11 Social work
02 Public policy	12 Community development
03 And/or regional administration/management	13 Public health or health administration
04 Law	14 Political or international economics
05 Education	15 Educational administration
06 Psychology	16 Industrial relations
07 Sociology	17 Natural resources
08 Anthropology	18 Technology or engineering
09 Criminology	20 (Master's degree in an area not listed)

TOTAL DEGREE IN:

35 Business administration
36 Educational administration
40 (Doctoral degree in an area not listed)

26. **Other Graduate Degree:** Enter the appropriate code indicating any graduate degree, **other than that in Item 25**, that you have received.

1 No other graduate degree	6 Master in management/business administration
2 Master in arts and letters or education	7 Master in public administration/political science/policy studies
3 Master in engineering or science discipline	8 JD or other law degree
4 Master in social or behavioral science	9 (Master's or Doctoral degree in an area not listed)
5 Master in public health or health administration	

27. **Desired Regional Screening Panel Site:** Item 27 lists potential locations of regional screening panels. Please check the site which will be the most convenient to you in February. We cannot guarantee scheduling at your desired site but we will attempt to schedule you for a panel as close as possible to your indicated location.

28. **Special Physical Arrangements:** Self-explanatory.

29-31. **Academic Experience:** Self-explanatory.

32. **Professional Experience:** Enter the code from the list below which correctly describes the length of your **professional** experience in each of the employment areas.

0 No experience	3 1 to 3 years full-time or its equivalent
1 less than 6 months full-time or its equivalent	4 3 years or more full-time or its equivalent
2 6 months to 1 year full-time or its equivalent	

33-34. **Knowledge:** Enter the code from the list below which most accurately identifies the area of your greatest public program analysis or management knowledge in: Academic studies [33], and Applied situations (employed or volunteer) [34]. If you feel that your knowledge is very broad based or is that of a generalist, enter 2195 (Administrative and Management Processes).

2195 Administrative and Management Processes	2196 Urban/Intergovernmental Affairs
2197 Policy Analysis	2210 International Relations
0597 Individual/Group/Organizational Theory and Dynamics	2105 Criminal Justice Administration
0509 Procurement/Contracts/Grants	1214 Public Health Administration
0515 Personnel/Labor Relations/Employee Development	0206 City/Community/Regional Planning
0598 Finance/Economics/Budgeting/Accounting	2101 Human Resources/Community Service
0798 Quantitative Methods/Information Systems	0115 Natural Resources/Environment

35. **Applied Knowledge Experience:** Enter the amount of your experience in the Applied area you identified in Item 34. Use the same "length of experience" codes used for Item 32.

Instructions for Completing Pages 3 through 7

Please type all responses. Answer all questions completely. You may attach additional sheets if necessary. Make sure your name and social security number are on any attachments. If an item does not apply to you, or if there is no information to be given, please write the letters "N.A." for Not Applicable.

Be sure to sign the certification statement on page 7. You cannot be selected for the Program without a signed Application Form.

1986 APPLICATION FORM

The Presidential Management Intern Program

Important Note: Complete this form only after reading instructions on previous pages.

A. PERSONAL INFORMATION

1. Social Security Number	2. Title			
3. Last Name	4. First Name			
6. Legal Residence	7. May we refer your name for possible consideration to: (If "YES," check box(es).)	5. M. I.		
	<input type="checkbox"/> State or Local Governments <input type="checkbox"/> Other Public Organizations			
10. Birthdate (Month, Day Year)	8. Geographic Availability	9. Veteran Preference		
11. Are you a U.S. citizen? (Check one box.)	12. Date of Degree			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Month Year			
13. Home Phone—Include Area Code	14. Other Phone—Include Area Code			
15. Current Address (Items 15-18)—Street Number and Name				
16. City	17. State	18. Zip Code		
19. Until... Month Day Year				
20. Address at which mail will always reach you, if different from current address (Items 21-23) Street Number and Name				
21. City	22. State	23. Zip Code		
24. University/School/Department	25. Graduate Degree	26. Other Graduate Degree		
27. Desired Regional Screening Panel Location (See Instructions. Please check only one regional location.)				
Southeast Region <input type="checkbox"/> Atlanta, GA	New England Region <input type="checkbox"/> Boston, MA	Great Lakes Region <input type="checkbox"/> Chicago, IL	Southwest Region <input type="checkbox"/> Dallas, TX <input type="checkbox"/> San Antonio, TX	Rocky Mountain Region <input type="checkbox"/> Denver, CO
Eastern Region <input type="checkbox"/> New York, NY	Mid-Atlantic Region <input type="checkbox"/> Norfolk, VA <input type="checkbox"/> Philadelphia, PA <input type="checkbox"/> Pittsburgh, PA	Mid-Continent Region <input type="checkbox"/> St. Louis, MO	Western Region <input type="checkbox"/> Los Angeles, CA <input type="checkbox"/> San Francisco, CA	Northwest Region <input type="checkbox"/> Seattle, WA
Washington, DC <input type="checkbox"/> Washington, DC				
27A. Availability Dates		28. If you will require special physical arrangements or assistance at the regional screening panel, please check this box. You will be contacted and preparations will be made in advance.		

B. KNOWLEDGE AND EXPERIENCE

29. List each of your graduate level courses in public sector management or public policy analysis under the area heading most appropriate to its primary focus. You may list courses you anticipate taking during the next academic term. List each course title on a separate line or place slash marks between courses. In the box beside each area heading, enter the number of graduate courses you have taken in that area. If you have not taken any courses in a given area, enter 0. If you have taken nine or more courses in an area, enter 9. If selected as a Presidential Management Intern, finalists must verify graduate course work at time of appointment.

COURSES

A. General Administrative and Management Processes

C. Program and Policy Analysis

E. Political Processes

G. Individual/Group/Organization - Theory and Dynamics

COURSES

B. Employment/Personnel/Labor Relations

D. Finance/Budgeting/Economics/Accounting

F. Quantitative Methods/Information Systems

H. Other

30. Was a public sector internship part of your graduate degree requirements? YES NO

31. Give the actual or proposed subject of your thesis, dissertation, or major academic research work.

32. Professional Experience (See Instructions)

Federal (Non-Military)
(Includes Federal Government or Congressional Employment)

Private Sector
(Includes Self-Employment)

State or Local (Includes State and Local Governments and Intergovernmental Public Agencies)

Educational (Teaching, Graduate Assistantships and Educational Administration)

Not-For-Profit
(Organizations or Associations)

Armed Services
(Leadership Capacity Only)

33. Academic Knowledge

--	--	--	--

34. Applied Knowledge

--	--	--	--

35. Applied Knowledge Experience

--

Name (Last, First, M.I.)

C. ACADEMIC BACKGROUND

36. Name and location (City, State and Zip Code, if known) of all colleges or universities attended, beginning with your current school and working back. Account for any gaps in time between periods in college.	Dates Attended		Credits Completed (Semester = S Quarter = Q)	Major Field of Study	Grade Point Average and Base	Degree Title and Year Received, or Month and Year Expected
	From	To				

D. WORK EXPERIENCE

37. In blocks a-d describe in detail your work experience. Please account for ALL time over the past 10 years, or since high school, if applicable. Incorporate in your description of duties information about progression in your work assignments; the nature, variety, and complexity of your achievements; the scope and level of your responsibility and your relationship to other factors which help describe your job. Please list your work experience in chronological order, beginning with your most recent job. Do not submit agency or company position descriptions. Describe the experience in your own words.

May inquiry be made of your present employer regarding your character, qualifications, and record of employment?

a. Name and Complete Address of Employer	Dates Employed From: _____ To: _____ If Federal Service, Civilian or Military Series, Grade, or Rank, and Date of Last Promotion	Salary or Earnings Beginning \$ _____ Per _____ Ending \$ _____ Per _____ Exact Title of Your Position	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Average Hours per Week	
Name and Phone Number of Immediate Supervisor	Number and Kind of Employees You Supervised	Kind of Business or Organization		

Reason for Leaving:

Description of Duties:

b. Name and Complete Address of Employer	Dates Employed From: _____ To: _____ If Federal Service, Civilian or Military Series, Grade, or Rank, and Date of Last Promotion	Salary or Earnings Beginning \$ _____ Per _____ Ending \$ _____ Per _____ Exact Title of Your Position	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Average Hours per Week	
Name and Phone Number of Immediate Supervisor	Number and Kind of Employees You Supervised	Kind of Business or Organization		

Reason for Leaving:

Description of Duties:

Name (Last, First, M.I.)

c. Name and Complete Address of Employer																			
<table border="1"><tr><td colspan="2">Dates Employed</td><td>Salary or Earnings</td><td>Average Hours per Week</td></tr><tr><td>From:</td><td>To:</td><td>Beginning \$ Per</td><td></td></tr><tr><td colspan="2">If Federal Service, Civilian or Military Series, Grade, or Rank, and Date of Last Promotion</td><td>Ending \$ Per</td><td></td></tr><tr><td colspan="4">Exact Title of Your Position</td></tr></table>				Dates Employed		Salary or Earnings	Average Hours per Week	From:	To:	Beginning \$ Per		If Federal Service, Civilian or Military Series, Grade, or Rank, and Date of Last Promotion		Ending \$ Per		Exact Title of Your Position			
Dates Employed		Salary or Earnings	Average Hours per Week																
From:	To:	Beginning \$ Per																	
If Federal Service, Civilian or Military Series, Grade, or Rank, and Date of Last Promotion		Ending \$ Per																	
Exact Title of Your Position																			
Name and Phone Number of Immediate Supervisor	Number and Kind of Employees You Supervised	Kind of Business or Organization																	
Reason for Leaving:																			
Description of Duties:																			

d. Name and Complete Address of Employer																			
<table border="1"><tr><td colspan="2">Dates Employed</td><td>Salary or Earnings</td><td>Average Hours per Week</td></tr><tr><td>From:</td><td>To:</td><td>Beginning \$ Per</td><td></td></tr><tr><td colspan="2">If Federal Service, Civilian or Military Series, Grade, or Rank, and Date of Last Promotion</td><td>Ending \$ Per</td><td></td></tr><tr><td colspan="4">Exact Title of Your Position</td></tr></table>				Dates Employed		Salary or Earnings	Average Hours per Week	From:	To:	Beginning \$ Per		If Federal Service, Civilian or Military Series, Grade, or Rank, and Date of Last Promotion		Ending \$ Per		Exact Title of Your Position			
Dates Employed		Salary or Earnings	Average Hours per Week																
From:	To:	Beginning \$ Per																	
If Federal Service, Civilian or Military Series, Grade, or Rank, and Date of Last Promotion		Ending \$ Per																	
Exact Title of Your Position																			
Name and Phone Number of Immediate Supervisor	Number and Kind of Employees You Supervised	Kind of Business or Organization																	
Reason for Leaving:																			
Description of Duties:																			

E. ACTIVITIES AND ACHIEVEMENTS

38. List the major college, civic, business, and professional activities in which you have participated during the past five years. Describe the extent, duration, and significance of your involvement. Also, list any awards or special recognition you have received for these activities. Do not list any information that you included under Item 37—Work Experience.

39. List any outstanding accomplishments, such as awards or publications, not mentioned above. Also, list the foreign and/or computer languages of which you have knowledge, and indicate your present level of proficiency—excellent, good, fair.

F. The following questions are designed to give the selection committee a sense of: (1) your professional interest in the Federal service and your motivation for a Presidential Management Internship; and (2) the quality of your thinking and writing about issues of public policy and program management.

40. Describe in what area(s) of public policy or program management your career interests lie and in which Federal agency or agencies you would want to work, if selected as a PMI.

41. Select an issue of public policy or program management which is of particular concern to you from those you have identified above and in 600 words or less please analyze it. Your discussion should include a factual description of the matter at issue, your opinion on it, your recommendations for changes, if any, and the reasons for supporting your opinion and recommendations.

Answer Items 42 through 44 by placing an "X" in the proper column.		YES	NO
Veteran Preference			
A. Have you served on active duty in the United States Military Service? If your only active duty was training in the Reserves or National Guard, answer "NO". If "NO", go to Item 43.....			
B. Were you honorably discharged from the military service? If your discharge was changed to "honorable" or general" by a Discharge Review Board, answer "YES". If you received a clemency discharge, answer "NO". If "NO", explain in Item 45 below or on a plain sheet of paper.....			
Note: A conviction or a firing does not necessarily mean you cannot be appointed.			
1. During the last 10 years, were you fired from any job for any reason, did you quit after being told that you would be fired, or did you leave by mutual agreement because of specific problems? If "Yes", write in Item 44 below or on plain paper for each job: (a) the name of the employer; (b) the approximate date you left the job; and (c) the reason(s) why you left.....			
2. When answering questions A, B, C, D and E you may omit: (1) traffic fines of \$100.00 or less; (2) any violation of law committed before your 18th birthday, if finally decided in juvenile court or under a youth offender law; (3) any conviction set aside under the Federal Youth Corrections Act or similar State law; (4) any conviction whose record was expunged under Federal or State law.			
A. Have you ever been convicted of or forfeited collateral for any felony?.....			
A felony is defined as any violation of law punishable by imprisonment of longer than one year, except for violations called misdemeanors under State law which are punishable by imprisonment of two years or less.			
B. Have you ever been convicted of or forfeited collateral for any firearms or explosives violation?.....			
C. During the last 10 years have you forfeited collateral, been convicted, been imprisoned, been on probation, or been on parole? Do not include violations reported in A or B above.....			
D. Are you now under charges for any violation of law?.....			
E. Have you ever been convicted by a court-martial? If no military service, answer "NO".....			
IF YOU ANSWERED "YES" TO ANY PART OF ITEM 44, GIVE DETAILS IN ITEM 46 BELOW OR ON A PLAIN SHEET OF PAPER. For each violation write the: (1) date; (2) charge; (3) place; (4) court; and (5) action taken.			
5. Additional Space for Answers (Write the number to which each answer applies. If you need more space, use sheets of paper the same size as this page. On each sheet write your name.)			

46. Signature, Certification, and Release of Information

YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign.
A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, Title 18, Section 1001).

I understand that any information I give may be investigated as allowed by law or Presidential order;
I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies and other individuals or organizations, personnel staffing specialists, and other authorized employees of the Federal Government.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

SIGNATURE (Sign each application in dark ink)

DATE SIGNED (Month, day, year)

1986 Independent Evaluation

The Presidential Management Intern Program

APPLICANT: Please print or type your name:

The Presidential Management Intern Program (PMIP) seeks to attract to the Federal service outstanding men and women from a variety of academic disciplines who have a clear interest in, and commitment to, a career in the analysis and management of public policies and programs.

The above-named individual has been nominated for the PMIP. Up to 200 Interns will be appointed. To assist in the selection of Interns, the Office of Personnel Management and the PMIP Review Committee would like your evaluation of the nominee's personal characteristics, potential for a career in public program analysis or management, and motivation. On what criteria do your judgments rest? How does this candidate meet them? We urge you to be as candid as possible, citing any particular incidents that illustrate the nominee's maturity, initiative, and potential. Your prompt submission of this form will be most helpful, as the nominee can neither complete his or her application nor be considered without your remarks.

Your evaluation will become part of the nominee's confidential file, intended for use by the PMIP Review Committee. Please return this form, plus any additional sheets, in a sealed envelope to the nominee, who will submit the sealed envelope as part of the completed application package.

Thank you for your cooperation.

Name (First, Last, Middle)	Address (Street, City, State and ZIP Code)
Title	
Business or Occupation	
How long have you known the nominee?	
In what capacity have you known the nominee?	
Signature	Date Signed

Please continue on reverse side of this page
and use additional sheets if necessary.

OPM Form 1301-A
(9784)